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**COMBINED DECLARATION AND POWER OF ATTORNEY**

*(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR CIP)*

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: *(check one applicable item below)*

- ☒ original  
☐ design  
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

☐ national stage of PCT (under 35 U.S.C. §371)

NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional  
☒ continuation  
☐ continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below ) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

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ARTIFICIAL HEART

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**SPECIFICATION IDENTIFICATION**

the specification of which: *(complete (a), (b) or (c))*

- (a) ☐ is attached hereto.
- (b) ☒ was filed on November 12, 2003 as Serial No. 10/706,790 with Express Mail No. EL960883183US

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☒ was described and claimed in PCT patent application No. PCT/SE02/00689, filed on April 8, 2002, which claims priority to Swedish Patent Application No.0101259-0, filed on April 10, 2001 and as amended under PCT Article 19 on \_\_\_\_\_ *(if any)*.

## ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

X which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

*(also check the following items, if desired)*

— and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

— In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

## PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

*(complete (d) or (e))*

(d) — no such applications have been filed.

(e) X such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

### A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

COUNTRY (OR INDICATE IF PCT) PCT	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
	PCT/SE02/00689	8 April 2002	<u>x</u> YES NO
SE	0101259-0	10 April 2001	<u>x</u> YES NO
			— YES NO
			— YES NO
			— YES NO

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*List name and registration number*)

Maurice E. Gauthier	- 20,798	Matthew E. Connors	- 33,298
Arlene J. Powers	- 35,985	William E. Hilton	- 35,192
Peter S. Stecher	- 47,259		

*(check the following item, if applicable)*

— Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

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**SEND CORRESPONDENCE TO**

Arlene J. Powers  
Gauthier & Connors LLP  
225 Franklin Street  
Suite 2300  
Boston, Massachusetts 02110

**DIRECT TELEPHONE CALLS TO:**  
*(Name and telephone number)*

Arlene J. Powers  
(617) 426-9180  
Extension 110

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**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

**Full name of sole or first inventor**

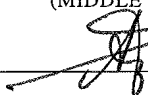


Azad  
(GIVEN NAME)

\_\_\_\_\_  
(MIDDLE INITIAL OR NAME)

Al-Najjar  
FAMILY (OR LAST NAME)

**Inventor's signature**



**Date** February 20, 2007 **Country of Citizenship** SWEDEN

**Residence** Skiljebovägen 9, SE-732 41 Västerås, Sweden

**Post Office Address** (same as above)

**Full name of second joint inventor, if any**

\_\_\_\_\_  
(GIVEN NAME)

\_\_\_\_\_  
(MIDDLE INITIAL OR NAME)

\_\_\_\_\_  
FAMILY (OR LAST NAME)

**Inventor's signature**

**Date** \_\_\_\_\_ **Country of Citizenship**

**Residence**

**Post Office Address** (same as above)

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**Full name of third joint inventor, if any**

\_\_\_\_\_  
(GIVEN NAME)

\_\_\_\_\_  
(MIDDLE INITIAL OR NAME)

\_\_\_\_\_  
FAMILY (OR LAST NAME)

**Inventor's signature**

**Date** \_\_\_\_\_ **Country of Citizenship**

**Residence**

**Post Office Address**      (same as above)

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***CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH  
FORM A PART OF THIS DECLARATION***

\_\_\_ Signature for third and subsequent joint inventors. *Number of pages added* \_\_\_\_\_.

\* \* \*

\_\_\_ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* \_\_\_\_\_.

\* \* \*

\_\_\_ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* \_\_\_\_\_.

\* \* \*

\_\_\_ Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).

\* \* \*

\_\_\_ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

\_\_\_ Number of pages added

\* \* \*

\_\_\_ Authorization of attorney(s) to accept and follow instructions from representative.

\* \* \*

*(If no further pages form a part of this Declaration, then end this Declaration with  
this page and check the following item.)*

  X   This declaration ends with this page.